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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	02400001		CIT	TY OR TOWN	N AMHERS	Γ
APPLICATION FOR R	ENEWAL:	Annua	al	LICE	NSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME: A	MHERST POST #1	48 OF THE	DEPT.OF	MA.AMER.I	LEG.	
DOING BUSINESS A	AMERICAN LEGI	ON				
ADDRESS 96 AMITY	STREET					
CITY/TOWN: AMHE	RST	STATE:	MA	ZIP CODE:	01002	
MANAGER: JANSE,	JOHN TYPE	OF LICENS	SE: Veteran	s club	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAIL A	ADDRESS		_
DESCRIPTION OF LIC						
TWO STORY WOODE STORAGE; 2ND FLOO						
I hereby certify and swe	ar under penalties of	f perjury that	t:			
1. the renewed	license will be of the	e same type f	for the sam	e premises no	w licensed;	
2. the licensee l	has complied with al	ll laws of the	Commonv	wealth relating	to taxes; and	
3. the premises	are now open for bu	isiness (If no	t explain b	elow)		
SIGNED BY						
	ndividual Partner o	r Authorized	Corporate	Officer		
	ndividual, Partner or	r Authorized	Corporate	Officer		
	ndividual, Partner or	r Authorized	Corporate	Officer		
			Corporate		ER IDENTIFICAT	IION NUMBER:
I	ndividual, Partner or		Corporate	EMPLOY	ER IDENTIFICAT	
I	TELEPHONE attest that we are in y the building inspo	NUMBER: a possession ector and th	(1) the cer e head of t	EMPLOY (Note: NOT) rtificate requi	individual Social S ired by Chapt ttment for the	security Number) ser 304 of the above
DATE: We the undersigned, a Acts of 2004, signed by named license and (2)	TELEPHONE attest that we are in y the building inspo	NUMBER: a possession ector and th	(1) the cer e head of t y insuranc	EMPLOY (Note: <u>NOT</u> 1 rtificate requithe fire departed by	individual Social S ired by Chapt rtment for the y Chapter 116	security Number) ter 304 of the eabove of the Acts
DATE: We the undersigned, a Acts of 2004, signed by named license and (2) of 2010. Please Check Below: APPROVED:	TELEPHONE attest that we are in y the building inspo	NUMBER: a possession ector and th	(1) the cer e head of t y insuranc	EMPLOY (Note: <u>NOT</u> 1 rtificate requithe fire departed by	individual Social S ired by Chapt ttment for the	security Number) ter 304 of the eabove of the Acts
DATE: We the undersigned, a Acts of 2004, signed by named license and (2) of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE attest that we are in y the building inspe the certificate of lie	NUMBER: a possession ector and th	(1) the cer e head of t y insuranc	EMPLOY (Note: <u>NOT</u> 1 rtificate requithe fire departed by the fire departed by	individual Social S ired by Chapt rtment for the y Chapter 116	security Number) ter 304 of the eabove of the Acts
DATE: We the undersigned, a Acts of 2004, signed by named license and (2) of 2010. Please Check Below: APPROVED:	TELEPHONE attest that we are in y the building inspe the certificate of lie	NUMBER: a possession ector and th	(1) the cer e head of t y insuranc	EMPLOY (Note: <u>NOT</u> 1 rtificate requithe fire departed by the fire departed by	individual Social S ired by Chapt rtment for the y Chapter 116	security Number) ter 304 of the eabove of the Acts
DATE: We the undersigned, a Acts of 2004, signed by named license and (2) of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE attest that we are in y the building inspe the certificate of lie	NUMBER: a possession ector and th	(1) the cer e head of t y insuranc	EMPLOY (Note: <u>NOT</u> 1 rtificate requithe fire departed by the fire departed by	individual Social S ired by Chapt rtment for the y Chapter 116	security Number) ter 304 of the eabove of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 002400005		CITY OR TO	WN AMHERS	Т
APPLICATION FO	OR RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
DOING BUSINES	E: CARI LO CORI				
ADDRESS 10 BEI		CT L TT		04000	
CITY/TOWN: AN			MA ZIP CODE	E: 01002	
MANAGER: LO	, ANNIE CHIU T	TYPE OF LICENSI	E: Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
		R WEBSITE AND ENTER YO	OUR EMAIL ADDRESS		
ONE STORY FRA	F LICENSED PREM ME BLDG; 1 DIN ORAGE, RATHSK	ING ROOM WITH	OUT BAR, 1 LOUN R.	NGE WITH BAR	2,
 the rene the licer 		of the same type for vith all laws of the C	r the same premises Commonwealth relati explain below)		
SIGNED BY	Individual, Part	ner or Authorized C	Corporate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICA $f T$ Individual Social $f S$	
Acts of 2004, sign	ed by the building	inspector and the	1) the certificate rec head of the fire de insurance required	partment for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] lain)		LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 002400011		CITY OR TOWN	AMHERST
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
DOING BUSINESS	TOP OF THE CAM A CAMPUSCENTE	ER/U- MASS		
ADDRESS CAMPU	JS CENTER/ U-MAS	S		
CITY/TOWN: AM	HERST	STATE: MA	ZIP CODE:	01003
	AN-NEWTON, TYP ENDA	PE OF LICENSE: Inr	holder C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE		MAIL ADDRESS	
	LICENSED PREMIS			
	/ STUDENT UNION		ERSITY OF MASSA	ACHUSETTS.
 the renew the licens 	swear under penalties yed license will be of t see has complied with sees are now open for l	the same type for the all laws of the Com	nonwealth relating t	
SIGNED BY				
SIGNED DI	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	Individual, Partner TELEPHONI		EMPLOYER	R IDENTIFICATION NUMBER:
DATE: We the undersigne Acts of 2004, signe	TELEPHONI d, attest that we are d by the building ins	E NUMBER: in possession (1) the pector and the hear	EMPLOYER (Note: <u>NOT</u> Inc e certificate required of the fire depart	lividual Social Security Number) ed by Chapter 304 of the
DATE: We the undersigne Acts of 2004, signe named license and	TELEPHONI d, attest that we are d by the building ins (2) the certificate of	E NUMBER: in possession (1) the pector and the hear	EMPLOYER (Note: <u>NOT</u> Inc e certificate required d of the fire departs trance required by	ed by Chapter 304 of the ment for the above



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LICENSE NUMBER	: 002400012		CITY OR TOWN AMPLEAS	I
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE NAME:	CLASSE, INC.			
DOING BUSINESS A	A CLASSE CAFE			
ADDRESS 168 NOR	TH PLEASANT ST	REET		
CITY/TOWN: AMI	IERST	STATE: MA	ZIP CODE: 01002	
MANAGER: LAU,	CHRISTINE TYPE	PE OF LICENSE: Rest	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
F	LEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	AIL ADDRESS	_
DESCRIPTION OF I	LICENSED PREMIS	SES:		
KITCHEN, DINING FRONT, REAR AND			OOMS, FULL BASEMENT; EX	ITS AT
I hereby certify and sv	wear under penalties	of perjury that:		
1. the renewe	ed license will be of	the same type for the	same premises now licensed;	
2. the license	e has complied with	all laws of the Comm	nonwealth relating to taxes; and	
3. the premis	es are now open for	business (If not expla	in below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICAT	
			(Note: <u>NOT</u> Individual Social S	Security Number)
Acts of 2004, signed	by the building ins	spector and the head	certificate required by Chapt of the fire department for the rance required by Chapter 116	above
Please Check Below:			LOCAL LICENSING AUTHO	ORITY
APPROVED:			Ву:	
DISAPPROVED:				
(If disapproved explain	in)			
DATE:				



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LICENSE NUMBER: 002400013		CITY OR TOWN A	MHERST
APPLICATION FOR RENEWAL:	Annual	LICENSE	D FOR 2013
	CLASS		YEAR
LICENSEE NAME: F & S RESTAURAN	T CORP		
DOING BUSINESS A THE ENGLISH PU	$\sqrt{\mathbf{B}}$		
ADDRESS 15 E. PLEASANT ST.			
CITY/TOWN: AMHERST	STATE: MA	ZIP CODE:	01002
MANAGER: JOLLY, GERALD TYPE	OF LICENSE: Res	taurant CAT	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE			
ONE STORY MASONRY BUILDING WI KITCHEN AND TWO STOREROOMS A			
I hereby certify and swear under penalties o	f perjury that:		
1. the renewed license will be of th	e same type for the	same premises now lic	ensed;
2. the licensee has complied with a	ll laws of the Comm	nonwealth relating to ta	axes; and
3. the premises are now open for bu	usiness (If not expla	in below)	
SIGNED BY Individual, Partner o	r Authorized Corno	rate Officer	
marriada, rarinoro	Tradionized Corpo	Tute Officer	
DATE: TELEPHONE	NI IMRED:	EMPLOYER ID	ENTIFICATION NUMBER:
TEELITIONE	NUMBER.		dual Social Security Number)
We the and engine of effect that we are in			h., Chamtan 204 af tha
We the undersigned, attest that we are in Acts of 2004, signed by the building insp			
named license and (2) the certificate of li of 2010.	quor liability insui	rance required by Ch	apter 116 of the Acts
Please Check Below:		LOCAL LICENSIN	G AUTHORITY
APPROVED:		By:	o no montr
DISAPPROVED:		•	
(If disapproved explain)			
DATE:			



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LICENSE NUMBER:)02400014		CITY OR TOWN	AMHERS	Ľ
APPLICATION FOR I	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SPOKE ENTERP	RISES INC.			
DOING BUSINESS A	SPOKE				
ADDRESS 35 EAST P	LEASANT ST.				
CITY/TOWN: AMH	ERST	STATE: MA	ZIP CODE:	01002	
MANAGER: BLANG DOUG	C, TYI LAS A. LE	PE OF LICENSE:R	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:]
PL	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LI					
ONE STORY CINDER AND MAIN LOUNGE					ΓROOMS
I hereby certify and swe	ear under penalties	s of perjury that:			
1. the renewed	license will be of	the same type for th	ne same premises now	licensed;	
2. the licensee	has complied with	all laws of the Cor	nmonwealth relating	to taxes; and	
3. the premises	s are now open for	business (If not exp	olain below)		
SIGNED BY					
	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHON	E NUMBER:			TION NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	y the building in	spector and the he	ad of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:	٦		By:		
DISAPPROVED:					
(If disapproved explain	J				
					
DATE:			_		



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LICENSE NUMBER: 002400016	CITY OR TOWN AMHERST
APPLICATION FOR RENEWAL:	Annual LICENSED FOR 2013
C	CLASS YEAR
LICENSEE NAME: AMHERST CHINESE FOO	DD INC.
DOING BUSINESS A	
ADDRESS 62 MAIN ST.	
CITY/TOWN: AMHERST STAT	TE: MA ZIP CODE: 01002
MANAGER: CHANG, TSO- CHENG TYPE OF LIC	CENSE: Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND E	ENTER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
THREE STORY WOOD FRAME BRICK VENEE DINING AREA; SECOND FLOOR FOR RESTROREAR EXITS.	ER BLDG; FIRST FLOOR FOR KITCHEN AND DOMS; STORAGE IN BASEMENT ; FRONT AND
I hereby certify and swear under penalties of perjury	y that:
1. the renewed license will be of the same t	type for the same premises now licensed;
2. the licensee has complied with all laws of	of the Commonwealth relating to taxes; and
3. the premises are now open for business ((If not explain below)
SIGNED BY Individual, Partner or Author	orized Corporate Officer
DATE: TELEPHONE NUMB	BER: EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building inspector ar	ssion (1) the certificate required by Chapter 304 of the nd the head of the fire department for the above ability insurance required by Chapter 116 of the Acts
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
(If disapproved explain)	
DATE:	
DATE.	



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LICENSE NUMBER: 002400017	CITY OR TOWN AMHERST
APPLICATION FOR RENEWAL: Annua	LICENSED FOR 2013
CLAS	S YEAR
LICENSEE NAME: V.F.W. OF U.S. INC. EARL SAN	IDERS POST #754
DOING BUSINESS A V. F. W.	
ADDRESS 457 MAIN ST.	
CITY/TOWN: AMHERST STATE:	MA ZIP CODE: 01002
MANAGER: HEATH, RICHARD TYPE OF LICENS A.	SE: Veterans club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER Y	YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE STORY CINDER BLOCK BLDG; ONE ROOM F WHICH IS USED FOR STORAGE.	TRST FLOOR AND BAR IN BASEMENT
I hereby certify and swear under penalties of perjury that	:
1. the renewed license will be of the same type f	_
2. the licensee has complied with all laws of the	_
3. the premises are now open for business (If no	t explain below)
SIGNED BY Individual, Partner or Authorized	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
TEELI HONE NOWBER.	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.	e head of the fire department for the above
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
(If disapproved explain)	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 002400021		CITY OR TOWN	AMHERS 7	Γ
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
DOING BUSINES		,INC.			
ADDRESS 57 NO.					
CITY/TOWN: AN	MHERST	STATE: MA	ZIP CODE:	01002	
MANAGER: ST.	AHL, BRIAN D. TY	PE OF LICENSE: Re	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
		EBSITE AND ENTER YOUR F	CMAIL ADDRESS		
	F LICENSED PREMI OODEN FRAME BUII		OMS ON FIRST FL	OOR AND C	ELLAR
 the rene the licer 	I swear under penalties wed license will be of usee has complied with uses are now open for	the same type for the all laws of the Com	monwealth relating		
SIGNED BY	Individual, Partne	or Authorized Corp	orate Officer		
DATE:	TELEPHON	IE NUMBER:		R IDENTIFICAT	
Acts of 2004, sign	ned, attest that we are ned by the building in d (2) the certificate of	spector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	olain)		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUM	BER: 002400023		CITY OR TOWN AMHER	ST
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	ME: MANGEONS	BIEN INC.		
DOING BUSINI	ESS A JUDIES			
ADDRESS 51 N	O. PLEASANT ST.			
CITY/TOWN:	AMHERST	STATE: MA	ZIP CODE: 01002	
	TERASPULSKY, UDIE	TYPE OF LICENSE: Res	taurant CATEGORY	Y: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	OF LICENSED PR	EMISES:		
		OG; 1ST FLOOR; 3 DININ WITH WALK IN COOLE	NG ROOMS, KITCHEN, RES ER AND STORAGE.	STROOM;
I hereby certify a	and swear under pena	alties of perjury that:		
1. the re	newed license will b	be of the same type for the	same premises now licensed;	
2. the lie	censee has complied	with all laws of the Comm	nonwealth relating to taxes; an	d
3. the pr	remises are now oper	n for business (If not expla	in below)	
SIGNED BY				
	Individual, Pa	rtner or Authorized Corpo	rate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Socia	al Security Number)
Acts of 2004, si	gned by the buildin	g inspector and the head	e certificate required by Cha of the fire department for the rance required by Chapter 1	he above
Please Check Below	<u>:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	expiain)			
DATE:				



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LICENSE NUMBER	R: 002400024		CITY OR TOWN	1 AMHERS1	Ľ
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ISAAC CHOW				
DOING BUSINESS	A PANDA GARDE	EN EAST			
ADDRESS 103 NO.	PLEASANT ST.				
CITY/TOWN: AMI	HERST	STATE: MA	ZIP CODE:	01002	
MANAGER:	TY	PE OF LICENSE: R	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF					
ONE STORY BRICI DINING AREA, 2 R WEST WITH SEAT	ESTROOMS; STOR	RAGE FACILITIES			
I hereby certify and s	wear under penalties	s of perjury that:			
1. the renew	ed license will be of	the same type for th	e same premises nov	w licensed;	
2. the license	ee has complied with	all laws of the Com	nmonwealth relating	to taxes; and	
3. the premis	ses are now open for	business (If not exp	olain below)		
SIGNED BY	Individual Partna	or Authorized Corp	porata Officar		
	marviduai, r artiiei	of Authorized Corp	orate Officer		
				-	
DATE:	TEL EPHON	IE NUMBER:	EMPLOYE	ER IDENTIFICAT	TON NUMBER:
	TEEETHOI	E IVONIBER.	(Note: NOT I	ndividual Social S	Security Number)
We the undersigned Acts of 2004, signed named license and of 2010.	by the building in	spector and the hea	ad of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	<i>)</i>				
				-	
DATE:					



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	02400030		CITY OR TOWN AMHER	(5)
APPLICATION FOR R	ENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: A DOING BUSINESS A ADDRESS 365 SO. PL		FCLUB INC		
CITY/TOWN: AMHE	RST	STATE: MA	ZIP CODE: 01002	
MANAGER: TWOHI	IG, DAVID TY	PE OF LICENSE: Clu	db CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:				
ONE STORY WOOD F BUILDING WITH CEI I hereby certify and swe 1. the renewed 2. the licensee	CENSED PREMI BUILDING AT P LLAR FOR STOI ear under penaltie license will be of has complied with	PRO SHOP; CLUBHORAGE. s of perjury that: f the same type for the	Same premises now licensed; nonwealth relating to taxes; an	
SIGNED BY	ndividual, Partne	r or Authorized Corpo	orate Officer	
DATE:				
Acts of 2004, signed b named license and (2)	attest that we are	spector and the head	EMPLOYER IDENTIFIC (Note: NOT Individual Social e certificate required by Chall d of the fire department for the crance required by Chapter	al Security Number) apter 304 of the che above
Acts of 2004, signed b	attest that we are y the building in the certificate o	e in possession (1) the	(Note: <u>NOT</u> Individual Soci e certificate required by Cha d of the fire department for t	al Security Number) apter 304 of the the above 116 of the Acts



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LICENSE NUI	MBER: 002400031		CITY OR TOWN	AMHERST	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
DOING BUSI		ASSACHUSETT	S FACULTY CLUB	INC	
	2 STOCKBRIDGE RD.				
CITY/TOWN:	AMHERST	STATE: MA	ZIP CODE:	01002	
		OF LICENSE: Re	staurant C.	ATEGORY: All Alcohol	
EMAIL ADDR	RESS:				
DEGCDIPTIO	PLEASE ALSO VISIT OUR WEBS N OF LICENSED PREMISE		MAIL ADDRESS		
& OFFICE; 2N HOMESTEAD & ADDITION	Y BLDGS WITH CONNECT ND FLR;2 MTG ROOMS AN O HOUSE-1ST FLR- 2 COCK 1 GAME RM AND STRGE	ID 2 BATHS; HA CTAIL LOUNGE, . 2ND FLR-3 RM	LF BSMN FOR STO 1 MEETING RM,1	ORAGE.	
, ,	and swear under penalties of				
	renewed license will be of the	• •	-		
	licensee has complied with al premises are now open for bu		ě	o taxes; and	
	premises are now open for be	isiness (ii not exp	ani below)		
SIGNED BY	Individual, Partner or	· Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:	
			(Note: NOT Ind	dividual Social Security Number)	
Acts of 2004,	rsigned, attest that we are in signed by the building inspo e and (2) the certificate of lie	ector and the hea	d of the fire depart	ment for the above	
Please Check Belo	DW:		LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 disapproved	· Capium)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 002400036		CITY	OR TOWN	AMHERST	
APPLICATION FOR	R RENEWAL:	Annua	1	LICEN	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS			CLUB			
ADDRESS 191 WES	ST POMEROY LAN	IE .				
CITY/TOWN: AM	HERST	STATE:	MA ZII	P CODE:	01002	
MANAGER: CAR	ESTIA, LINDA TY	PE OF LICENS	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER Y	OUR EMAIL ADDI	RESS		
DESCRIPTION OF ONE STORY FRAM STORAGE ON SAM	ME BLDG WITH DI	NING AREA A				QUOR
2. the license	swear under penalties red license will be of ee has complied with ses are now open for	the same type for all laws of the	or the same pr Commonweal	lth relating to		
SIGNED BY	Individual, Partner	or Authorized	Corporate Of	ficer		Ĭ
DATE:	TELEPHON	IE NUMBER:	(1			ION NUMBER:
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building in	spector and the	e head of the	fire departi	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOC By:	AL LICENS	ING AUTHO	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002400040		CITY OR TOWN	AMHERST
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: SPIRIT HAUS I	NC		
DOING BUSINESS A			
ADDRESS 338 COLLEGE STREET			
CITY/TOWN: AMHERST	STATE: MA	ZIP CODE:	01002
MANAGER: SPENCE, MARVIN TY J.	YPE OF LICENSE: Pack	cage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	IISES:		
4600 SQ FT OF RETAIL SPACE AND ENTRANCES AND EXITS; 3 DOORS	~	AGE WITH 15 X 2	20 COOLER; 3
2. the licensee has complied wi3. the premises are now open for			taxes; and
SIGNED BY Individual, Partn	er or Authorized Corpor	rate Officer	
DATE: TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Please Check Below: APPROVED:		LOCAL LICENSI By:	ING AUTHORITY
DISAPPROVED: (If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 002400041		CITY OR TOWN	AMHERST
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: RUSSELLS I	LIQUORS INC		
DOING BUSIN	NESS A			
ADDRESS 18	MAIN STREET			
CITY/TOWN:	AMHERST	STATE: MA	ZIP CODE:	01002
MANAGER:	RUSSELL, WILLIAM F. III	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR F	CMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	REMISES:		
		IS FIRST FLOOR; ONE I LLAR FOR STORAGE.	ROOM FOR SALES	PURPOSES, TWO
	•	d with all laws of the Comen for business (If not exp.	_	o taxes; and
	Individual, P	artner or Authorized Corp	orate Officer	
DATE:	TELEF	PHONE NUMBER:		t IDENTIFICATION NUMBER: lividual Social Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	JU24UUU46		CITY OR TOW	N AMHERS	L
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	-	LIQUORS			
ADDRESS NEW MA	RKET CENTER				
CITY/TOWN: AMH	ERST	STATE: MA	ZIP CODE:	01002	
MANAGER: Patel, 1	Naresh K T	YPE OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF L	CENSED PREM	ISES:			
3150SQ FT OF RETA AMHERST,MA	IL SPACE IN TH	IE NEWMARKET C	ENTER AT 6 UN	IVERSITY DR	IVE,
3. the premise SIGNED BY	s are now open fo	th all laws of the Comor business (If not exp	lain below)	g to taxes; and	
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED:			LOCAL LICE By:	ENSING AUTH	ORITY
DISAPPROVED:			•		
(If disapproved explain	1)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 002400049		CITY OR TOWN	AMHERST
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	WATROBA'S	LIQUORS, INC.		
DOING BUSINESS	A WATROBA'	S LIQUORS		
ADDRESS 81 SUN	DERLAND ROA	AD		
CITY/TOWN: AM	HERST	STATE: MA	ZIP CODE:	01002
	CORAN, THEW W	TYPE OF LICENSE:	Package Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PRI	EMISES:		
ONE STORY CEMI AND CELLAR FOR		LDG CONSISTING OF	SALES ROOM ON S	TREET FLOOR
	ses are now oper	with all laws of the Conn for business (If not exertine or Authorized Connection of the Connection of	plain below)	
	,		<u></u>	
DATE:	TELEPI	HONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	002400050		CITY OR TOW	IN AMHERS	I
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 505 WEST	STREET				
CITY/TOWN: AMH	ERST	STATE: MA	ZIP CODE	01002	
MANAGER: PRAT	Γ, LEONARD TYPE	OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISES	S:			
505 WEST STREET, AND 8X8 OFFICE W				OOR (FRONT)	ROOM
3. the premise SIGNED BY	has complied with als are now open for bu	siness (If not exp	lain below)	ng to taxes; and	
DATE:	TELEPHONE 1	NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED:	_		LOCAL LICE By:	ENSING AUTH	ORITY
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0024	00051		CITY OR TOWN	AMHERST	
APPLICATION FOR REN	EWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: SHII	LPA ENTERPRISE	S,INC.			
DOING BUSINESS A					
ADDRESS 11 EAST PLEA	ASANT STREET				
CITY/TOWN: AMHERS	T S	TATE: MA	ZIP CODE:	01002	
MANAGER: PATEL,DH H.	IANESH TYPE OF	F LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION OF LICEN	NSED PREMISES:				
ONE STORY CINDER BL CELLAR FOR STORAGE		BLDG WITH	1000 SQ FT ON FIR	RST FLOOR;	FULL
	complied with all la now open for busin		nonwealth relating to iin below)	taxes; and	
Indi	vidual, Partner or A	uthorized Corpo	rate Officer		
DATE:	TELEPHONE NU	MBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS	ING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 002400053		CITY OR TOWN	AMHERST	•
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: ELEPHANTS OF M	IERCY LLC			
DOING BUSINESS A THE MOAN AND	DOVE			
ADDRESS 460B WEST ST.				
CITY/TOWN: AMHERST	STATE: MA	ZIP CODE:	01002	
MANAGER: DiCAPRIO, JASON TYPE	E OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR EM	AIL ADDRESS		ı
DESCRIPTION OF LICENSED PREMISI	ES:			
1,000 SQUARE FEET LOCATED ON SO 460B WEST STREET WITH ONE ENTR SOUTHEAST CORNER.				
I hereby certify and swear under penalties of	of perjury that:			
1. the renewed license will be of the		_		
2. the licensee has complied with a		•	taxes; and	
3. the premises are now open for b	usiness (If not expla	in below)		
SIGNED BY Individual, Partner of	or Authorized Corpo	rate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
I BEEL HOLLE	THOMBER.	(Note: NOT Ind	ividual Social So	ecurity Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspirate and license and (2) the certificate of 1 of 2010.	pector and the head	of the fire departs	nent for the	above
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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LICENSE NUMBER: 002400058	C	ITY OR TOWN AMHERST	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: F & S SPORTS, I DOING BUSINESS A RAFTERS	INC.		
ADDRESS 422 AMITY STREET			
CITY/TOWN: AMHERST	STATE: MA	ZIP CODE: 01002	
MANAGER: JOLLY, GERALD TY	YPE OF LICENSE: Restau	rant CATEGORY: All Alco	hol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMAIL	ADDRESS	
DESCRIPTION OF LICENSED PREM ONE STORY MASONRY BLDG. COM BY A SIT-DOWN BAR AREA. ALSO KITCHEN TO THE REAR OF THE BI ASSCESSIBLE.	MPRISED OF TWO MA LOCATED ON THE GR	OUND LEVEL FLOOR IS A LARGE	
1. the renewed license will be o 2. the licensee has complied wit 3. the premises are now open for	of the same type for the same th all laws of the Common	nwealth relating to taxes; and	
SIGNED BY Individual, Partne	er or Authorized Corporat	e Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUME (Note: NOT Individual Social Security Num	
We the undersigned, attest that we are Acts of 2004, signed by the building is named license and (2) the certificate of 2010.	nspector and the head of	the fire department for the above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:	-
DATE:			-



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002400059		CITY OR TOWN AMHER	RST
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: AMHERST GOURME DOING BUSINESS A GINGER GARDEN	ET		
ADDRESS 351 NORTHAMPTON ROAD			
CITY/TOWN: AMHERST	STATE: MA	ZIP CODE: 01002	
MANAGER: CHIANG, HSIU TYPE O	OF LICENSE: Res	taurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES	:		
1 STORY BLDG., W/THE ENTIRE FIRST F KITCHEN FACILITIES. BASEMENT USE			CH
KITCHEN FACILITIES. BASEMENT USE			
I hereby certify and swear under penalties of		1: 4.	
1. the renewed license will be of the	• •	•	. A
2. the licensee has complied with all3. the premises are now open for bus		· ·	ICI
5. the premises are now open for bus	mess (ii not expla	in ociow)	
SIGNED BY			
Individual, Partner or	Authorized Corpor	rate Officer	
DATE: TELEPHONE N	IUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
		(Note: NOT Individual Soci	al Security Number)
We the undersigned, attest that we are in a Acts of 2004, signed by the building inspec	• , ,	2 0	•
named license and (2) the certificate of liquof 2010.			
Please Check Below:		LOCAL LICENSING AUT	CHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			



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LICENSE NUMBER: 002	2400063		CITY OR	TOWN	AMHERS	ľ
APPLICATION FOR RE	NEWAL:	Annual		LICENS	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: BE	RTUCCI'S REST	CAURANT CORF				
DOING BUSINESS A B	ERTUCCI'S BRI	CK OVEN RISTO	DRANTE			
ADDRESS 51 EAST PLI	EASANT ST.					
CITY/TOWN: AMHER	ST	STATE: MA	ZIP CO	ODE:	01002	
MANAGER: Wombold	lt, Robert E TYPI	E OF LICENSE: R	estaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	SE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR	EMAIL ADDRESS			_
DESCRIPTION OF LICE						
ONE STORY BLDG. WI	ITH FRONT ENT	RANCE AND R	EAR EXIT.			
I hereby certify and swear	r under penalties (of parium that				
1. the renewed lie	•	1 0 0	ne same premi	ises now	licensed:	
2. the licensee ha		• •	•			
3. the premises a	re now open for b	ousiness (If not exp	olain below)			
SIGNED BY						
Inc	dividual, Partner o	or Authorized Cor	porate Officei	r		
DATE:	TELEDIJONE	NIIMDED.	FM	MPI OYFR	IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELEPHONE	NUMBER:				Security Number)
We the undersigned, att Acts of 2004, signed by		_		_		
named license and (2) tl				_		
of 2010.						
Please Check Below:			LOCAL	LICENS	ING AUTH	ORITY
APPROVED: DISAPPROVED:			By:			
(If disapproved explain)						
· · · · · · · · · · · · · · · · · · ·						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002400065		CITY OR TOWN	AMHERST
APPLICATION FOR RENEWAL:	Annual	LICENSE	D FOR 2013
	CLASS		YEAR
LICENSEE NAME: CHMP,LLC			
DOING BUSINESS A BIG GUY	LIQUORS		
ADDRESS 25 MONTAGUE RD			
CITY/TOWN: AMHERST	STATE: MA	ZIP CODE:	01002
MANAGER: KAUR, SURJIT	TYPE OF LICENSE: Pac	kage Store CAT	EGORY: All Alcohol
EMAIL ADDRESS:			
2. the licensee has complie	DE A WALK IN COOLER	same premises now lic	eensed;
SIGNED BY Individual, F	Partner or Authorized Corpo	rate Officer	
DATE: TELE	PHONE NUMBER:		DENTIFICATION NUMBER: dual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSIN By:	IG AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 002400067		CITY OR TOWN	AMHERST	•
APPLICATION	N FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NA	AME: AMHERST WIN	IES, INC			
DOING BUSIN	NESS A AMHERST WI	NES & SPIRITS			
ADDRESS 233	NORTH PLEASANT S	ST			
CITY/TOWN:	AMHERST	STATE: MA	ZIP CODE:	01002	
MANAGER:	FREEDMAN, TY	YPE OF LICENSE: Pa	ackage Store CA	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	N OF LICENSED PREM	IISES:			
2. the l	renewed license will be of licensee has complied with premises are now open for the licensee and licensee has complied with premises are now open for licensee and licensee has complied with the licensee has complied w	ith all laws of the Con	nmonwealth relating to		
	maryidaar, r arar	er or rumorized corp			
DATE:	ТЕГЕРНО	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Belo	<u>w:</u>		LOCAL LICENS By:	ING AUTHO	DRITY
DISAPPROVE	ED:		By.		
(If disapproved	explain)				
DATE:					
DALL.					



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LICENSE NUMBER: 002400072	CITY OR TOWN AMHERST
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: CRAZY NOODLES LLC	
DOING BUSINESS A CRAZY NOODLES,LLC	
ADDRESS 36 MAIN STREET	
CITY/TOWN: AMHERST STATE: MA	ZIP CODE: 01002
MANAGER: DALI, DAVID H. TYPE OF LICENSE:R	Restaurant CATEGORY: Wine and Malt Regular
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
BREAKFAST, LUNCH AND DINNER RESTAURANT AT ST FIRST FLOOR, 40 SEAT CAPACITY	ND STORAGE LOCATED AT 36 MAIN
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	he same premises now licensed;
2. the licensee has complied with all laws of the Cor	mmonwealth relating to taxes; and
2. the licensee has complied with all laws of the Cor3. the premises are now open for business (If not expense)	_
•	_
3. the premises are now open for business (If not exposed as SIGNED BY	plain below)
3. the premises are now open for business (If not expended)	plain below)
3. the premises are now open for business (If not exposed as SIGNED BY	plain below)
3. the premises are now open for business (If not exposed as SIGNED BY Individual, Partner or Authorized Cor	plain below)
3. the premises are now open for business (If not exposed as SIGNED BY	plain below) rporate Officer EMPLOYER IDENTIFICATION NUMBER:
3. the premises are now open for business (If not exposed as SIGNED BY Individual, Partner or Authorized Corporation	plain below)
3. the premises are now open for business (If not exposed as SIGNED BY Individual, Partner or Authorized Corporation	plain below) rporate Officer EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above
3. the premises are now open for business (If not expected by SIGNED BY Individual, Partner or Authorized Cordinates Telephone Number: We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the hen named license and (2) the certificate of liquor liability in of 2010. Please Check Below:	plain below) rporate Officer EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above
3. the premises are now open for business (If not expected as a second o	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts
3. the premises are now open for business (If not expected by SIGNED BY Individual, Partner or Authorized Cord DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability insof 2010. Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
3. the premises are now open for business (If not expected as a second o	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
3. the premises are now open for business (If not expected by SIGNED BY Individual, Partner or Authorized Cord DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability insof 2010. Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 002400073		CITY OR TOWN AMHERS	T
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE N.	AME: NEW PARADI	SE,INC.		
DOING BUSI	NESS A PARADISE C	OF INDIA		
ADDRESS 87	MAIN STREET			
CITY/TOWN:	: AMHERST	STATE: MA	ZIP CODE: 01002	
MANAGER:	SINGH, TARLOCHAN	TYPE OF LICENSE: Rea	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
		UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PRE			
FIRST FLOOI	R, KITCHEN AND DIN	VING AREA. SEPARAT	TE AREA FOR STORAGE.	
2. the	licensee has complied v premises are now open	with all laws of the Comr for business (If not expl		
	Individual, Par	tner or Authorized Corpo	orate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004,	signed by the building	g inspector and the head	e certificate required by Chap d of the fire department for the trance required by Chapter 11	e above
Please Check Bel	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
(11 disappioved	и слрівііі <i>)</i>			_
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	1: 002400075		CITY OR TOWN	AMHERST	
APPLICATION FOR	R RENEWAL:	Annual	LICENS	ED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 11 EAST	A COUSIN'S MAI	•			
CITY/TOWN: AMI	HERST	STATE: MA	ZIP CODE:	01002	
MANAGER: PATI HAS	EL, TY MUKH A.	PE OF LICENSE: Pa	ckage Store CA	TEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF					
2500 SF, ONE STOF FACILITIES, COOL			LUDING DISPLAY A	AND SHELI	F
	•	th all laws of the Com or business (If not exp	monwealth relating to lain below)	taxes; and	
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENSI By:	NG AUTHO	ORITY
DATE:					



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LICENSE NUMBE	C: 002400077		CITY OR TOW	N AMINERS	1
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	PASTA E BAS	STA, INC.			
DOING BUSINESS	A PASTA E BA	ASTA			
ADDRESS 26 MAII	N ST.				
CITY/TOWN: AM	HERST	STATE: MA	ZIP CODE:	01002	
	ΓARAZZO, RCO H.A.	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PRE	EMISES:			
DINING AREA, KI	TCHEN, AND F	D PREP KITCHEN. FIR RONT & REAR EXITS. GE AND BAR; THIRD I	SECOND FLOC	R HAS 1200 S	QFT
I hereby certify and s	swear under pena	lties of perjury that:			
1. the renew	ed license will be	e of the same type for the	e same premises n	ow licensed;	
2. the licens	ee has complied	with all laws of the Com	monwealth relatin	g to taxes; and	
3. the premi	ses are now open	for business (If not expl	ain below)		
SIGNED BY	Individual, Par	rtner or Authorized Corp	orate Officer		
D 4 1115					
DATE:	TELEPH	HONE NUMBER:		YER IDENTIFICAT	
			(Note. NOT	Individual Social S	Security Number)
Acts of 2004, signe	d by the building	e are in possession (1) the g inspector and the head te of liquor liability insu	d of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain	 ain)				
(II disupproved expre	*****/				
DATE:					



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LICENSE NUMBE	R: 002400078		CITY	OR TOWN	AMHERST	
APPLICATION FO	R RENEWAL:	Annua	al	LICENS	SED FOR 20	13
		CLAS	SS		,	YEAR
LICENSEE NAME	: AMHERST BREWIN	NG COMPA	NY, INC			
DOING BUSINESS	S A					
ADDRESS 10 UNI	VERSITY DRIVE					
CITY/TOWN: AM	IHERST	STATE:	MA Z	IP CODE:	01002	
MANAGER: KOI	RPITA, JOHN TYPE	OF LICENS	SE:Restauran	t CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER	YOUR EMAIL ADD	DRESS		
DESCRIPTION OF	LICENSED PREMISE	S:				
ROOM AND BAR/	CE AND EXIT IS ON N DINING ROOM ON RI FLOOR IS 2365 SQ FT.	GHT,WITH	EXIT AT T	HE REAR,FII	RST FLOOR	IS 8100
I hereby certify and	swear under penalties of	f perjury that	t :			
	wed license will be of the	• •				
	see has complied with al			C	taxes; and	
3. the prem	nises are now open for bu	isiness (If no	t explain belo	ow)		
SIGNED BY	T 12 1 1 D 4	A .1 . 1	G O	ce.		
	Individual, Partner or	Autnorizea	Corporate O	IIIcer		
DATE						
DATE:	TELEPHONE I	NUMBER:	,	EMPLOYER (Note: <u>NOT</u> Indi	IDENTIFICATI	
			`	(1101c. <u>1101</u> IIId.	ividuai Sociai Se	curity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe l (2) the certificate of lic	ector and th	e head of the	e fire departn	nent for the	above
Please Check Below:			LOC	CAL LICENS	ING AUTHO	RITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	iain)					
DATE:						



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LICENSE NUMBER: 002	.400079		C	CITY OR TO)WN	AMHERS	Γ
APPLICATION FOR REI	NEWAL:	Annu	ıal	Ll	ICENS	ED FOR 2	013
		CLA	SS				YEAR
LICENSEE NAME: MC	MURPHY, INC	2					
DOING BUSINESS A M	CMURPHY'S U	JPTOWN TA	VERN				
ADDRESS 37 NORTH P	LEASANT STR	EET					
CITY/TOWN: AMHERS	ST	STATE:	MA	ZIP COD	E:	01002	
MANAGER: MURPHY THOMAS	,	E OF LICEN	SE:Resta	urant	CA	TEGORY:	All Alcohol
EMAIL ADDRESS:							
PLEAS	E ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAI	L ADDRESS			_
DESCRIPTION OF LICE							
FIRST FLOOR OF 37 NO AREA CONTAINS BAR							
I hereby certify and swear	under penalties	of perjury tha	ıt:				
1. the renewed lic	cense will be of t	he same type	for the sa	me premises	s now l	icensed;	
2. the licensee has	s complied with	all laws of the	e Commo	nwealth rela	ting to	taxes; and	
3. the premises ar	e now open for l	business (If n	ot explain	below)			
SIGNED BY							
Ind	lividual, Partner	or Authorized	l Corpora	te Officer			
DATE:	TELEPHONE	E NUMBER:					ΠΟΝ NUMBER:
				(Note: NC	OT Indi	vidual Social S	Security Number)
We the undersigned, att Acts of 2004, signed by t named license and (2) th of 2010.	the building ins	pector and t	ne head o	f the fire de	epartn	ent for the	above
Please Check Below:				LOCAL LIC	CENSI	NG AUTH	ORITY
APPROVED:				By:			
DISAPPROVED:							
(If disapproved explain)							
DATE:							



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LICENSE NUMBER: (002400081		CITY	OR TOWN	AMHERS7	Γ
APPLICATION FOR I	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS	3			YEAR
LICENSEE NAME:	VERACRUZ FOO	DDS, INC.				
DOING BUSINESS A	LA VERACRUZ	ZANA				
ADDRESS 63 SOUTH	I PLEASANT ST					
CITY/TOWN: AMHI	ERST	STATE:	MA ZI	P CODE:	01002	
MANAGER: CASAC CHRIS	- ,	PE OF LICENSI	E:Restaurant	C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	EASE ALSO VISIT OUR W		OUR EMAIL ADDI	RESS		_
DESCRIPTION OF LI						
650 SQ FT RESTAUR OF BLDG AND AN E				TRANCE A	AND EXIT IN	N FRONT
3. the premises	has complied with a renow open for the sare now open for the sare	business (If not	explain belo	w)	o taxes; and	
DATE:	TELEPHON	NE NUMBER:	(1			TON NUMBER:
We the undersigned, Acts of 2004, signed be named license and (2) of 2010.	y the building in	spector and the	head of the	fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOC By:	AL LICENS	SING AUTH	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002400082	(CITY OR TOWN AMHERST	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: MONKEY BUSI	NESS, INC.		
DOING BUSINESS A THE MONKEY	BAR AND GRILL		
ADDRESS 063-67 NORTH PLEASAN	T ST		
CITY/TOWN: AMHERST	STATE: MA	ZIP CODE: 01002	
MANAGER: ANIELLO, MAURO TY	YPE OF LICENSE: Resta	aurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	IL ADDRESS	_
2 STORY BRICK BUILDING WITH A THE SECOND FLOOR AND RESTAU ROOM LOCATED ON FIRST FLOOR STORAGE AREA IN BASEMENT.	A FRONT ENTRANCE (JRANT, BAR, DINING,	CONFERENCE ROOM AND	POOL
1. the renewed license will be of the licensee has complied with the premises are now open for the licensee has a license for the licensee has complied with the premises are now open for the licensee has a licensee has complied with the licens	of the same type for the sa th all laws of the Commo	onwealth relating to taxes; and	
SIGNED BY Individual, Partne	er or Authorized Corpora	ate Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
We the undersigned, attest that we as Acts of 2004, signed by the building i named license and (2) the certificate of 2010.	nspector and the head	certificate required by Chapto of the fire department for the	er 304 of the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHOBy:	ORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 00)2400084		CITY O	R TOWN	AMHERS	Ľ
APPLICATION FOR RI	ENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: A	FTERBURNEF	R, INC.				
DOING BUSINESS A	ΓHE HANGAR	BAR AND GRILL				
ADDRESS 55 UNIVER	SITY DRIVE					
CITY/TOWN: AMHER	RST	STATE: MA	ZIP	CODE:	01002	
MANAGER: DALY, I	PATRICK T	YPE OF LICENSE:	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRES	SS		_
DESCRIPTION OF LIC						
1900 SQ FT RESTAUR.						
AT NORTHEAST AND ACCESS AT THE NOR				EKT ANI	J EMPLOYE	Æ
I hereby certify and swea	•					
		of the same type for the	-			
		th all laws of the Cor		Ū	to taxes; and	
3. the premises a	are now open fo	or business (If not ex	plain below,)		
GIGNED DV						
SIGNED BY	ıdividual, Partn	er or Authorized Cor	porate Offic	cer		
DATE:	TELEPHO	NE NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(No	te: NOT Inc	dividual Social S	Security Number)
We the undersigned, a	ttest that we a	re in possession (1)	the certifics	ate requir	ed by Chant	er 304 of the
Acts of 2004, signed by						
named license and (2) to of 2010.	the certificate	of liquor liability in	surance rec	quired by	Chapter 116	of the Acts
Please Check Below:			LOCA	LLICEN	CINIC ALITHI	ODITY
APPROVED:			By:	L LICEN:	SING AUTH	ORITY
DISAPPROVED:			By.			
(If disapproved explain)						
DATE:						



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LICENSE NUMBER:	002400087		CITY OR TOWN	[AMHERS]	Γ
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	THE AMHERST IN	N COMPANY			
DOING BUSINESS A	THE LORD JEFFR	EY INN			
ADDRESS 30 BOLT	WOOD AVE				
CITY/TOWN: AMH	ERST	STATE: M	A ZIP CODE:	01002	
MANAGER: REEV J.	ES, ROBERT TYPE	OF LICENSE:	Innholder C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF L					
THREE STORY BRIC MAIN DINING ROO					NGE,
2. the license	d license will be of th	e same type for	the same premises now emmonwealth relating		
SIGNED BY					
	Individual, Partner o	r Authorized Co	rporate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the h	ead of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explai	11)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002400088		CITY OR TOWN AMI	HERST
APPLICATION FOR RENEWAI	L: Annual	LICENSED F	OR 2013
	CLASS		YEAR
LICENSEE NAME: CONARA,	INC.		
DOING BUSINESS A THE HAI	₹P		
ADDRESS 163 SUNDERLAND	RD		
CITY/TOWN: AMHERST	STATE: MA	ZIP CODE: 010	02
MANAGER: POWER, MARK	TYPE OF LICENSE: Res	staurant CATEG	ORY: All Alcohol
EMAIL ADDRESS:			
	SIT OUR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION OF LICENSED DESCRI	FRAME BUILDING COMB RAGE. PREMISE HAS THR ST CORNER AND 2 ON TH	EE ENTRANCES/EXITS IE WEST SIDE OF THE I	ONE
2. the licensee has compl	penalties of perjury that: Il be of the same type for the lied with all laws of the Component for business (If not explain the lied with all laws).	nonwealth relating to taxes	
SIGNED BY Individual,	Partner or Authorized Corpo	rate Officer	
DATE: TELI	EPHONE NUMBER:		TIFICATION NUMBER: Social Security Number)
We the undersigned, attest that Acts of 2004, signed by the buil named license and (2) the certif of 2010.	ding inspector and the head	l of the fire department f	or the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING A By:	AUTHORITY
DATE:			



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LICENSE NUMBER	.002400090		CITY OR TOWN	AMITERS	L
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	THAI CORNEI	R, INC			
DOING BUSINESS A	A THAI CORNI	ER			
ADDRESS 31 BOLT	WOOD AVE				
CITY/TOWN: AMH	ERST	STATE: MA	ZIP CODE:	01002	
MANAGER: SATII CHET		ΓΥΡΕ OF LICENSE: Rest	aurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF L	ICENSED PRE	MISES:			
	GE FOR ALCOI	IING ROOM AND KITC HOL ON THE SECOND			
	es are now open	with all laws of the Comm for business (If not explain the common of the	in below)	to taxes; and	
DATE:					**************************************
DATE:	TELEPH	ONE NUMBER:		R IDENTIFICAT Idividual Social S	
Acts of 2004, signed	by the building	are in possession (1) the inspector and the head e of liquor liability insur	of the fire depart	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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LICENSE NU	MBER: 002400092		CITY OR TOWN AMHERST	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE NA	AME: LONE WOL	FINC.		
DOING BUSI	NESS A LONE WOI	LF		
ADDRESS 63	MAIN STREET			
CITY/TOWN:	AMHERST	STATE: MA	ZIP CODE: 01002	
MANAGER:	WATSON, ROBERT B.	TYPE OF LICENSE: Res	category:	Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS	_
	N OF LICENSED PR			
		BAR; LIQUOR WILL BE ND EASTERLY SIDE OF	IN A LOCKED STORAGE IN BLDG.	
SIGNED BY	Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICAT	
We the under	rsigned, attest that w	e are in possession (1) the	(Note: <u>NOT</u> Individual Social S e certificate required by Chapt	
Acts of 2004,	signed by the building	ng inspector and the head	l of the fire department for the rance required by Chapter 116	above
Please Check Belo			LOCAL LICENSING AUTHO	ORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
(11 disappioved	. explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

(CITY OR TOWN AMHERST
Annual	LICENSED FOR 2013
CLASS	YEAR
C.	
EET	
STATE: MA	ZIP CODE: 01002
OF LICENSE: Resta	aurant CATEGORY: All Alcohol
TE AND ENTER YOUR EMA	IL ADDRESS
S:	
N REAR FOR AN	E FIRST FLOOR,OUTSIDE DINING OUTSIDE WALK-IN VITH OTHER TENANTS.
perjury that:	
same type for the sa	ame premises now licensed;
	onwealth relating to taxes; and
siness (If not explain	n below)
Authorized Corpora	ate Officer
NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
veriber.	(Note: NOT Individual Social Security Number)
ctor and the head	certificate required by Chapter 304 of the of the fire department for the above nnce required by Chapter 116 of the Acts
	LOCAL LICENSING AUTHORITY
	By:
	Annual CLASS C. SET STATE: MA OF LICENSE: Resta THE AND ENTER YOUR EMA S: H SHALL INCLUD N REAR FOR AN O AR IN COMMON V perjury that: same type for the sa I laws of the Common siness (If not explain Authorized Corpora NUMBER: possession (1) the octor and the head of



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LICENSE NUMBER	:002400094		CITY OR TOWN	AMHERS	Γ
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	A FINE CAFÉ CO	OMPANY,INC			
DOING BUSINESS	A AMHERST COI	FFEE			
ADDRESS 28 AMIT	Y STREET UNIT	A			
CITY/TOWN: AMI	HERST	STATE: MA	ZIP CODE:	01002	
	OMAN, TY UNDA	PE OF LICENSE: F	Restaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		VEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I					
1150 S/F IN THE AM AND EAST ENTRY		BLDG. W/ DININ	G AREA; BAR SER`	VICE AND N	ORTH
	ses are now open for	h all laws of the Cor r business (If not ex r or Authorized Cor	·	to taxes; and	
DATE:	TELEPHON	NE NUMBER:			TION NUMBER: Security Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building in	spector and the he	ad of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 002400096		CITY OR TOWN	AMHERST	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
	SSL SUSHI, INC. A ARIGATO SUSHI TH PLEASANT STRE	ET			
			ZID CODE.	01002	
CITY/TOWN: AM		STATE: MA	ZIP CODE:	01002	
MANAGER: CON ND	INERS,RAYMOTYPE	OF LICENSE: Re	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEBS LICENSED PREMISE		MAIL ADDRESS		
 the renew the licens 	wear under penalties of yed license will be of the see has complied with all ses are now open for bu	e same type for the	nonwealth relating to		
SIGNED BY	Individual, Partner or	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER:
Acts of 2004, signe	d, attest that we are in d by the building inspe (2) the certificate of lie	ector and the hea	d of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	002400097		CITY OR TOW	VN AMHERS	Γ
APPLICATION FOR I	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	MULVA, LLC				
DOING BUSINESS A	CUSHMAN MARI	KET AND CAFE			
ADDRESS 00491A PI	NE ST				
CITY/TOWN: AMHI	ERST	STATE: MA	ZIP CODE:	01002	
MANAGER: SYLVA	AN, PETER TYPE	E OF LICENSE: P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI					
WOODEN, SINGLE S IN FRONT, STORAG					IARKET
2. the licensee	l license will be of the has complied with a sare now open for b	ll laws of the Cor	nmonwealth relatir		
SIGNED BY	Individual, Partner o	r Authorized Cor	porate Officer		
DATE:	TELEPHONE	NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 002400098		CITY OR TOWN	AMHERST
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	ARISE AND DRIN	K YOUR BLISS		
DOING BUSINESS	A ARISE PIZZERIA	A		
ADDRESS 28 AMI	ΓY STREET UNITG			
CITY/TOWN: AM	HERST	STATE: MA	ZIP CODE:	01002
MANAGER: WAI	OHAM, EMILY TYP	E OF LICENSE: R	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
	RST CINEMA BLDO R AND A 650 S/F FE			DE, EXITS IN
I hereby certify and s	swear under penalties	of perjury that:		
1. the renew	red license will be of	the same type for th	ne same premises now	licensed;
2. the licens	ee has complied with	all laws of the Con	nmonwealth relating t	o taxes; and
3. the premi	ses are now open for	business (If not exp	olain below)	
SIGNED BY	Individual, Partner	or Authorized Cor	oorsta Officer	
	marviadai, i artiici	of Authorized Corp	porate Officer	
DATE:	THE HOUSE		EMBI OVEI	R IDENTIFICATION NUMBER:
DITTE.	TELEPHON	E NUMBER:		dividual Social Security Number)
Acts of 2004, signed	d by the building ins	pector and the he	ad of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			I OCAL LICENS	SING AUTHORITY
APPROVED:			By:	nivo no montri
DISAPPROVED: [,	
(If disapproved expla	ain)			
DATE				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	02400099		CITY OR TOWN AMHERS	T
APPLICATION FOR R	ENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME: S	OUPERBOWL,INC			
DOING BUSINESS A	SOUPERBOWL,IN	C.		
ADDRESS 104 NORTH	H PLEASANT STRI	EET		
CITY/TOWN: AMHE	RST	STATE: MA	ZIP CODE: 01002	
MANAGER: SOBIES	SKI, JOHN F. TYPE	OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLE	ASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LIC	CENSED PREMISES	S :		
2000 SQ. FT. WITH DI FRONT AND REAR O. A		CHEN AND BAR,	ENTRANCE IN FRONT, EXI	TS IN
I hereby certify and swe	ar under penalties of	perjury that:		
1. the renewed	license will be of the	same type for the	same premises now licensed;	
2. the licensee l	has complied with all	l laws of the Comm	nonwealth relating to taxes; and	
3. the premises	are now open for bu	siness (If not expla	in below)	
SIGNED BY	ndividual, Partner or	Authorized Corpo	rate Officer	
DATE:	TELEPHONE I	NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
			(Note: NOT Individual Social	Security Number)
Acts of 2004, signed by	y the building inspe	ctor and the head	e certificate required by Chap of the fire department for the rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved explain)	1			
			-	
DATE:				



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LICENSE NU	MBER: 002400100		CITY OR TOWN AMHERS	ST
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N.	AME: THE AMHERS	Γ RESTAURANT GRO	UP, LLC	
DOING BUSI	NESS A			
ADDRESS 30	Boltwood Walk			
CITY/TOWN:	: AMHERST	STATE: MA	ZIP CODE: 01002	
MANAGER:	YEE-WAE, T BONNIE BEN BEN	YPE OF LICENSE: Res	taurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED PREM			
3500 sq ft, threexits	ee dining rooms, bar, sea	sonal outdoor patio dini	ng, storage in basement, 3 entra	ances and
I hereby certify	y and swear under penalt	ies of perjury that:		
1. the	renewed license will be	of the same type for the	same premises now licensed;	
2. the	licensee has complied w	ith all laws of the Comm	nonwealth relating to taxes; and	l
3. the	premises are now open f	or business (If not expla	in below)	
SIGNED BY			OSC	
	Individual, Parti	ner or Authorized Corpo	rate Officer	
DATE:			EMPLONED IDENTIFICA	A TION AND THE
DATE.	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
			, <u> </u>	, ,
Acts of 2004,	signed by the building	inspector and the head	e certificate required by Chap I of the fire department for th rance required by Chapter 11	e above
Please Check Bel	ow:		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0024	00103	CIT	Y OR TOWN	AMHERST	•
APPLICATION FOR REN	EWAL: A	nnual	LICEN	SED FOR 20	13
	C	LASS			YEAR
LICENSEE NAME: ATK	INS FRUIT BOWL INC	2.			
DOING BUSINESS A AT	KINS FARMS COUNT	RY MARKET			
ADDRESS 1150 WEST ST	REET				
CITY/TOWN: AMHERS	STAT	E: MA	ZIP CODE:	01002	
MANAGER: THIBBITT	S, JOHN TYPE OF LIC	ENSE: Package	Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEASE A	ALSO VISIT OUR WEBSITE AND E	NTER YOUR EMAIL A	DDRESS		
DESCRIPTION OF LICEN	SED PREMISES:				
SINGLE ENTRANCE IS L SINGLE EXIT IS LOCATI					G;
3. the premises are SIGNED BY	complied with all laws o now open for business (If not explain be	elow)	taxes; and	
Indiv	vidual, Partner or Author	ized Corporate	Officer		
DATE:	TELEPHONE NUMBI	ER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED:		L(By	OCAL LICENS 7:	ING AUTHO	DRITY
DISAPPROVED: [[] (If disapproved explain)		_			
DATE:		_			



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LICENSE NUMBER: 002400104		CITY OR TOWN	AMHERST		
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013		
	CLASS		YEAR		
LICENSEE NAME: SODEXO MAN DOING BUSINESS A	MAGEMENT,INC				
ADDRESS 893 WEST STREET					
CITY/TOWN: AMHERST	STATE: MA	ZIP CODE:	01002		
MANAGER: DAVIS, JOHN R.	ΓΥΡΕ OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol		
EMAIL ADDRESS:	IR WEBSITE AND ENTER YOUR EN	IAII ADDDESS			
DESCRIPTION OF LICENSED PRE		IAIL ADDRESS			
ONE MAIN FINCTION ROOM, KITO MAIN ENTRANCE INTO THE FUN ETRANCE FOR THE OUTDOOR DI	CHEN,FOOD PREP ARI CTION ROOM AND SI				
I hereby certify and swear under penalties of perjury that:					
1. the renewed license will be	of the same type for the	same premises now	licensed;		
2. the licensee has complied v	with all laws of the Comn	nonwealth relating to	taxes; and		
3. the premises are now open	for business (If not expla	in below)			
SIGNED BY Individual, Part	ner or Authorized Corpo	rate Officer			
DATE: TELEPH	ONE NUMBER:		IDENTIFICATION NUMBER:		
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.					
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY		
DATE:					



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LICENSE NUM	IBER: 002400105		CITY OR TOV	VIN AMHERS	l	
APPLICATION FOR RENEWAL:		Annual	LIC	LICENSED FOR 2013		
		CLASS			YEAR	
LICENSEE NAI DOING BUSINI ADDRESS 28 A		EMA ARTS CENTER,	INC.			
CITY/TOWN:		STATE: MA	ZIP CODE	: 01002		
MANAGER: J	JOHNSON, CAROL TY M.	YPE OF LICENSE: Gen		CATEGORY:	Wine and Malt Regular	
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_	
THEATRE TWO STAND IN LOE BUILDING,THI I hereby certify a 1. the re 2. the lie	N INDEPENDENT CIL O AND THREE 49 EAR BBY AND CONSUME ROUGH BACK DOOR and swear under penaltic enewed license will be of censee has complied wi remises are now open for	CH.WINE & BEER TO D IN THEATRES. DEI AND STORED IN SE es of perjury that: If the same type for the th all laws of the Comm	D BE SERVED A LIVERIES WIL CURE LOCAT same premises r nonwealth relatin	AT CONCESSION L BE TO EAST ION IN BASEM	ON SIDE OF	
SIGNED BY	Individual, Partn	er or Authorized Corpo	rate Officer			
DATE:	TELEPHO	NE NUMBER:		YER IDENTIFICAT		
Acts of 2004, si	igned, attest that we all gned by the building i and (2) the certificate	nspector and the head	of the fire dep	artment for the	above	
Please Check Below APPROVED: [DISAPPROVEI (If disapproved 6	D:		LOCAL LICE By:	ENSING AUTH	ORITY	
DATE:						



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LICENSE NUM	BER: 002400106		CITY OR TOWN	AMHERST	•
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAI	ME: MOTI,INC.				
DOING BUSIN	ESS A				
ADDRESS 25 N	ORTH PLEASANT STRE	ET			
CITY/TOWN:	AMHERST	STATE: M	A ZIP CODE:	01002	
MANAGER: I	RAHMANI, REZA TYPE	OF LICENSE:	Restaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOU	R EMAIL ADDRESS		•
DESCRIPTION	OF LICENSED PREMISE	S:			
	SQ. ERVICE AND STOR. EXITS AT REAR OF PRIM		CE AT FRONT OF PR	EMISES AN	D TWO
I hereby certify a	and swear under penalties o	f perjury that:			
	enewed license will be of th	• •	•		
	censee has complied with a		ě	o taxes; and	
3. the pr	remises are now open for bu	usiness (If not ex	xplain below)		
SIGNED BY	Individual, Partner o	r Authorized Co	rporate Officer		
DATE:	TELEPHONE	NI IMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
	TEELITIONE	TOMBER.	(Note: NOT Inc	dividual Social So	ecurity Number)
Wo the and and	:	(1)	41	ad har Chamtr	204 of the
	igned, attest that we are in gned by the building insp				
named license a	and (2) the certificate of li				
of 2010.					
Please Check Below	<u>r:</u>		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVEI (If disapproved of					
(II disapproved (inpium)				
					_
DATE:					
APPLICATION FOR R	ENEWAL MUST BE FILED BY LICI	ENSEES DURING TH	E MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16	(A)



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LICENSE NU	MBER: 002400107		CITY OR TOWN AMHE	ERST
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE N	AME: FRESH SIDE II	NC.		
DOING BUSI	NESS A FRESH SIDE	INC.		
ADDRESS 39	SOUTH PLEASANT S	STREET		
CITY/TOWN:	AMHERST	STATE: MA	ZIP CODE: 01002	
MANAGER:	CHU, KENT KUANG HWEI	ΓΥΡΕ OF LICENSE: Resi	caurant CATEGO	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED PRE		RANT WITH TWO DININ	
ARE TWO EN THE EAST SI ON THE WES	NTRANCES/EXITS FO DE OF THE BUILDIN	R THE PATRONS ONT G, AN EGRESS ONLY	X. 1369 SQ FT OF AREA. O SOUTH PLEASANT ST FO THE REAR OF THE RE E ENTRANCE TO THE RE	REET ON ESTAURANT
I hereby certify	y and swear under penal	ties of perjury that:		
1. the	renewed license will be	of the same type for the	same premises now licensed	l;
	=		onwealth relating to taxes;	and
3. the	premises are now open	for business (If not expla	in below)	
SIGNED BY	Individual, Part	tner or Authorized Corpor	rate Officer	
	,			
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIF	FICATION NUMBER:
	T E E E I I	or verionise.	(Note: NOT Individual So	cial Security Number)
Acts of 2004,	signed by the building	inspector and the head	certificate required by Cl of the fire department for ance required by Chapter	the above
Please Check Belo	ow:		LOCAL LICENSING AU	THORITY
APPROVED: DISAPPROVI	FD:		By:	
(If disapproved	1			
. 11	•			
DATE:				



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 002400108		CITY	OR TOWN	AMHERST	
APPLICATION	FOR RENEWAL:	Annua	վ	LICEN	SED FOR 20)13
		CLAS	S			YEAR
DOING BUSIN		RYARD RESTAUI	RANT LLC			
	MAIN STREET		1 (7)	ID CODE	01002	
CITY/TOWN:		STATE:		IP CODE:	01002	
MANAGER:	NELSON, ROLF	TYPE OF LICENS	E:Restaurant	t CA	ATEGORY:	All Alcohol
EMAIL ADDRI	ESS:					
		JR WEBSITE AND ENTER	YOUR EMAIL ADD	ORESS		
	OF LICENSED PRE					
_	CLUDING A DINING			S, AND KITC	CHEN	
	and swear under penal	1 0 0				
	enewed license will be	* -	-			
2. the li	icensee has complied v	with all laws of the	Commonwea	alth relating to	taxes; and	
3. the p	remises are now open	for business (If no	t explain belo	ow)		
SIGNED BY	Individual Par	tner or Authorized	Corporate O	fficer		
	marviauai, i ai	unci of Authorized	Corporate Of	ilicci		
DATE:						
DATE:	TELEPH	ONE NUMBER:	(TON NUMBER: ecurity Number)
			,	11010: <u>1101</u> IIII	ividuai Sociai S	ceurity (vuinoer)
Acts of 2004, s	igned, attest that we igned by the building and (2) the certificat	g inspector and th	e head of the	e fire departr	nent for the	above
Please Check Below	<u>v:</u>		LOC	CAL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVE	D:					
(If disapproved	explain)					
DATE:						
J.111.						



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LICENSE NUMBER:	002400109		CH	I OK IOWN	AMITERS	
APPLICATION FOR	RENEWAL:	Annu	al	LICEN	ISED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME:	MOTI 1 INC.					
DOING BUSINESS A	LIT					
ADDRESS 41 BOLTV	WOOD WALK					
CITY/TOWN: AMH	ERST	STATE:	MA	ZIP CODE:	01002	
MANAGER: RAHM	IANI, REZA TYF	PE OF LICEN	SE:Restaura	nt C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	LEASE ALSO VISIT OUR WI		YOUR EMAIL AI	DDRESS		
APPROX. 1374 SQ F A MULTI STORY BU EXITS ON THE SIDE	Γ FOR SERVICE A JILDING WITH 1	AND STORAC				
I hereby certify and sw	-					
	d license will be of	• •		•		
	e has complied with es are now open for			_	to taxes; and	
5. the premise	s are now open for	ousiness (11 iic	ж схрийн ос	now)		
SIGNED BY	Individual, Partner	or Authorized	Corporate (Officer		
DATE:	TELEPHON	E NUMBER:			R IDENTIFICAT dividual Social S	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building ins	spector and th	e head of tl	ne fire depart	ment for the	above
Please Check Below:			LC	CAL LICEN	SING AUTHO	ORITY
APPROVED:			Ву	:		
DISAPPROVED: (If disapproved explain						
(11 disapproved explain	·-·					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 002400110	C	CITY OR TOWN AMHERST
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: TMD INC.		
DOING BUSINESS A OLDE TOWN	NE TAVERN	
ADDRESS 1-3 PRAY STREET		
CITY/TOWN: AMHERST	STATE: MA	ZIP CODE: 01002
MANAGER: McLAUGHLIN, MICHAEL S.	TYPE OF LICENSE: Resta	urant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMA	IL ADDRESS
DESCRIPTION OF LICENSED PRE		
ONE STORY PREMISES OF APPROTUS RESTROOMS AND KITCHES STORAGEFRONT EXIT/ENTRAN	N WITH WALK IN COOL	
I hereby certify and swear under penal	lties of perjury that:	
1. the renewed license will be	e of the same type for the sa	ame premises now licensed;
2. the licensee has complied v	with all laws of the Commo	onwealth relating to taxes; and
3. the premises are now open	for business (If not explain	n below)
SIGNED BY		
Individual, Par	tner or Authorized Corpora	tte Officer
DATE: TELEBRA		
TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
		individual security (values)
Acts of 2004, signed by the building	g inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(11 disappioved explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 002400111		CITY OR TOWN	AMHERST
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 485 WE	A MISSION CANTI	NA		
CITY/TOWN: AM	HERST	STATE: MA	ZIP CODE:	01002
MANAGER: CAN MIS	NTINA, TYP	E OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS	
	LICENSED PREMIS	ES:		
NO DESCRIPTION		· Consideration		
 the renew the licens 	swear under penalties wed license will be of the see has complied with sises are now open for better the seen as t	he same type for the all laws of the Comr	nonwealth relating to	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building ins	pector and the head	l of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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	CITY OR TOWN AMHE	KS I
Annual	LICENSED FOI	R 2013
CLASS		YEAR
WERY AND BIST	RO	
ET		
STATE: MA	ZIP CODE: 01002	
OF LICENSE: Resta	aurant CATEGOF	RY: All Alcohol
TTE AND ENTER YOUR EMA	IL ADDRESS	
S:		
perjury that:		
same type for the same	ame premises now licensed	;
	=	and
siness (If not explain	n below)	
Authorized Corpor	ate Officer	
Tutionized Corpore		
NIIMRER:	EMPLOYER IDENTIFI	ICATION NUMBER:
WOWDER.	(Note: NOT Individual Soc	cial Security Number)
nossession (1) the	certificate required by Ch	anter 304 of the
ctor and the head	of the fire department for ance required by Chapter	the above
ctor and the head		the above 116 of the Acts
ctor and the head	ance required by Chapter	the above 116 of the Acts
ctor and the head	ance required by Chapter LOCAL LICENSING AU	the above 116 of the Acts
ctor and the head	ance required by Chapter LOCAL LICENSING AU	the above 116 of the Acts
ctor and the head	ance required by Chapter LOCAL LICENSING AU	the above 116 of the Acts
	CLASS WERY AND BIST ET STATE: MA OF LICENSE: Resta TE AND ENTER YOUR EMA S: URS. OUTDOOR D TRANCE ON N. P perjury that: same type for the se laws of the Commo siness (If not explain Authorized Corpora	CLASS WERY AND BISTRO ET STATE: MA ZIP CODE: 01002 OF LICENSE: Restaurant CATEGOR TE AND ENTER YOUR EMAIL ADDRESS S: IRS. OUTDOOR DINING ON FIRST FLOOF ITRANCE ON N. PLEASANT WITH EMERO perjury that: same type for the same premises now licensed. laws of the Commonwealth relating to taxes; a siness (If not explain below) Authorized Corporate Officer